MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05775

CERTIFICATE OF DEATH

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age if especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Hartford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; LENGTH OF STAY (in this place) 18 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hosp., APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Hartford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bain Bridge; STREET ADDRESS (If rural give location) Naval Housing Project

3. NAME OF DECEASED (Type or Print): (First) Stephen (Middle) Milo (Last) Adams. Twin #1

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: June 25, 1949

9. AGE last birthday: yrs. If under 1 year: Months; Days 18; If under 24 hrs.: Hours; Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none.

11. BIRTHPLACE (State or foreign country): Aberdeen, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dale Milo Adams

14. MOTHER'S MAIDEN NAME: Harriet McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Father.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 6 months

776 159

(c)

INTERVAL BETWEEN ONSET AND DEATH: 18 hrs 20 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1949, to 26 June 1949 that I last saw the deceased alive on 26 June, 1949, and that death occurred at 8 40 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E Lord	Capt MC.	Station Hosp. APG, Md.	26 June 49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 27-1949	Druid	Aberdeen	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27-49	Nellie F. Riley	Beaty Funeral Home	Aberdeen Md

VS. A15

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05776

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen. — LENGTH OF STAY in this place: 13 hrs 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hosp, APG, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bush Branch
STREET ADDRESS (If rural give location) Naval Housing Project H.

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) Miles (Last) Adams Twin #2

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLED, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 26 June 49

9. AGE last birthday: yrs. — If under 1 year: Months — Days: 13 — If under 24 hrs.: Hours: 10 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dale Miles Adams

14. MOTHER'S MAIDEN NAME: Harriet McGee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature — 13 hrs 10 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 6 mons

(c)

776
159

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1949 to 26 June, 1949, that I last saw the deceased alive on 26 June, 1949 and that death occurred at 5 15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Robert E. Ford Capt. M.C. Station Hosp. APG, Md 26 June 49

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE THEREOF: June 27 1949 — NAME OF CEMETERY OR CREMATORY: None — LOCATION (City, town, or county) (State): Aberdeen Md

DATE REC'D BY LOCAL REG.: June 27-49 — REGISTRAR'S SIGNATURE: Allie H. Riley

24. FUNERAL DIRECTOR — ADDRESS: Henry Fanning & Sons Aberdeen Md

RECEIVED
JUN 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05777

Reg. Dist. No. 182

1. PLACE OF DEATH:
County Harford
City or town Creswell
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Creswell
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME ROBERT BEAITTY

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Widowed

6.(b) Name of husband or wife ✓
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.) about - 1859

8. AGE: Years 90 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace New York (Town, county, and state)
10. Usual occupation Retired
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown
16. Informant Mrs Jean Holfeldt
Address Bel Air R 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 17/49 (month) (day) (year)
Cemetery or crematory Mt Zion
Location Fountain Green
18. Funeral director Joseph T Foster
Address Bel Air Md
19. 6/16/49 19 P Lowood Registrar
(Date rec'd by registrar)

MEDICAL CERTIFICATION

6-15-49

20. DATE OF DEATH June 15, 1949, at A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 6 1946, to June 14, 1949 and that I last saw him alive on June 14, 1949

Immediate cause of death	DURATION
Cor Pulmonale	1 YEAR
Due to Bronchial Asthma	5 YEARS
Due to	
Other conditions Pulmonary Emphysema	15 YEARS

241
(Include pregnancy within 3 months of death)
112
Major findings of operations None
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert Barthel M.D. M. D. or other
Address Forest Hill Md. Date signed 6/16/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUN 24 1949
BUREAU V. S.

05778

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: Harford Memorial Hospital
COUNTY: Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
LENGTH OF STAY (in this place): 144 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Ill COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chicago
STREET ADDRESS (If rural give location): 2115 E. 72 Place V

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) H. (Last) Bonner

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Nov. 7, 1870
9. AGE last birthday: 78 yrs. If under 1 year: Months 4 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel G. Willson
14. MOTHER'S MAIDEN NAME: Catherine McKinlay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. J. R. Tomlinson - daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fracture, left hip	5 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hodgkin's disease	7 months
	(c) Lobular Pneumonia, Bilateral	5 days

903.0
186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: Jan. 28-1949
19b. MAJOR FINDINGS OF OPERATION: Fracture left Hip - Biopsy of Node shows Hodgkin's disease.
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Aberdeen (COUNTY): Harford (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 26 1949-6P m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Fell while walking in yard

22. I hereby certify that I attended the deceased from 26 Jan., 1949, to 18 June, 1949, that I last saw the deceased alive on 19 June, 1949, and that death occurred at 12:06 A. m., from the causes and on the date stated above.

SIGNATURE: Joseph R. Dolce (Degree or title): MD ADDRESS: Harford Memorial Hosp. DATE SIGNED: 19 June '49

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF: June 20, 1949
NAME OF ~~CEMETERY OR~~ CREMATORY: Greenmount
LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG.: June 19-49
REGISTRAR'S SIGNATURE: A. L. Lewis M. D.
24. FUNERAL DIRECTOR: Henry Tarring & Sons ADDRESS: Aberdeen, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

I

7

RECEIVED
JUN 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05779

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; MARYLAND; LENGTH OF STAY (in this place) 2 hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Maryland; STREET ADDRESS (If rural give location) Roger's Street

3. NAME OF DECEASED (Type or Print): (First) John; (Middle) W.; (Last) Buchanan

4. DATE OF DEATH: (Month) June; (Day) 10; (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: June 6 1886

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY: United States

13. FATHER'S NAME: James Buchanan

14. MOTHER'S MAIDEN NAME: Lydia Buchanan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: not known

16. SOCIAL SECURITY NO.: 197-07-4065

17. INFORMANT: Mrs. H. M. Riley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion with Myocardial Infarction

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b) Coronary Sclerosis

(c) Arteriosclerotic Cardio-Vascular disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1949, to June 10, 1949, that I last saw the deceased alive on June 10, 1949, and that death occurred at 3:50 P. m., from the causes and on the date stated above.

SIGNATURE: J. F. Ramsey (Degree or title) M. D. ADDRESS: Aberdeen, Md DATE SIGNED: June 10, 1949

23. BURIAL CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 6/14/49; NAME OF CEMETERY OR CREMATORY: Franklin Memorial Cemetery; LOCATION (City, town, or county) (State): Coatesville, Pa.

DATE REC'D BY LOCAL REG.: June 10-49; REGISTRAR'S SIGNATURE: G. L. Lewis M. D.; 24. FUNERAL DIRECTOR: N. Leland Nelson; ADDRESS: Downingtown, Pa.

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05780

Reg. Dist. No. 18/

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace; LENGTH OF STAY (in this place) 25 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Havre de Grace, Md. R.D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace, Md.; STREET ADDRESS (If rural, give location) Havre de Grace R.D. #1

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Wells (Last) Carsins

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19#9

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 11 1893

9. AGE last birthday: 55 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Asst. Foreman - Tool Room

10b. KIND OF BUSINESS OR INDUSTRY: A.P.G.

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Carsins

14. MOTHER'S MAIDEN NAME: Hattie Carsins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mrs. Mildred K. Carsins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 3 Mo's

400.1

Antecedent cause(s)

94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Retired

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1 49., to June 4 19 49., that I last saw the deceased alive on June 4 19 49., and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. V. Snodgrass — ADDRESS Darlington Md. — DATE SIGNED 6/6/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 6-7-49 — NAME OF CEMETERY OR CREMATORY Rock Run — LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. June 6, 1949 — REGISTRAR'S SIGNATURE Bertha B. Knight

24. FUNERAL DIRECTOR R. Madison Mitchell — ADDRESS Havre de Grace, Md.

RECEIVED
JUN 10 1949
BUREAU V. S.

05781

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford; MARYLAND Md.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS Warren (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) ~~Baby~~ George ~~Boy~~ Ellsworth (Middle) Clark (Last)

4. DATE OF DEATH (Month) 6/12/49 (Day) (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Single	6/8/49	yrs.		3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
none	none	Havre de Grace	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Glen Clark	Mendora Lehman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no			Glen Clark (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Patent foramen Ovale

754.3 Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital malformations

(c)

INTERVAL BETWEEN ONSET AND DEATH: birth 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 8, 1949, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ida Wolbert	MD	Havre de Grace Md.	June 12. 1904

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/12/49	St. James	Havre de Grace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 12-49	A. L. Lewis M.D.	Pennington & Son	Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05782

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) ALEXANDER (Last) COOPER

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: June 14 1871

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marion Cooper

14. MOTHER'S MAIDEN NAME: Mary Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: No

17. INFORMANT: Mrs. Bert Coons, Bel-Air, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.1 Immediate cause (a) Gangrene of Foot. — 2 wks.

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Peripheral Arterio-sclerosis — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14 1949, to June 28, 1949, that I last saw the deceased alive on June 28, 1949, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Willard P. Hudson, M.D. | Forest Hill Md | 6/29/49

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | July 1 1949 | Oak Grove Cem | Harford Co., Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS

June 29 1949 | C. K. Kirk | H. D. Bailey

RECEIVED
AUG 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05783

CERTIFICATE OF DEATH

Reg. Dist. No. 18 S-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (in this place) 1 day 1 hr; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Md.; STREET ADDRESS (If rural give location) 25 Hanover St.

3. NAME OF DECEASED (Type or Print): (First) GEANE (Middle) FRANCES (Last) Copeland

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Child

8. DATE OF BIRTH: July 3, 1948

9. AGE last birthday: 0 yrs. If under 1 year: Months 11 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Havre de Grace, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph Harding Copeland

14. MOTHER'S MAIDEN NAME: Grace Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Josephine V. Copeland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, Lobular, Bilateral	10 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Atelectasis, Both lungs	10 days.
	(c)	

491
107

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1949, to 26 June, 1949, that I last saw the deceased alive on 26 June, 1949, and that death occurred at 10:26 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph R. Dole	M.D.	Harford Memorial Hosp.	26 June '49

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 29, 1949	Union M. E.	Near Aberdeen, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 27-49	G. L. Lewis M. D.	Henry Harring & Sons	Aberdeen, Md

VS. A15

RECEIVED
JUN 30 1949
BUREAU F. A.

Evidence for change of place of death shown on Film G126 5/23/50 dm. Letter from Dr. Snodgrass.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15784

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Level / STREET
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Level STREET
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) (Last) Cummings

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify):

8. DATE OF BIRTH: April 28 1861

9. AGE last birthday: 88 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy

11. BIRTHPLACE (State or foreign country): Harford Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Hugh J Cummings

14. MOTHER'S MAIDEN NAME: Catherine Dunnigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Andrew Cummings

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 10 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st 1949, to June 4 1949, that I last saw the deceased alive on June 4 1949, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE H H Snodgrass (Degree or title) M.D. ADDRESS Darlington Md. DATE SIGNED 6/5/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE THEREOF June 7 1949 NAME OF CEMETERY OR CREMATORY St Ignatius Cem LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. June 5 1949 REGISTRAR'S SIGNATURE C. K. Kirk

24. FUNERAL DIRECTOR H S Bailey ADDRESS Darlington Md

RECEIVED
JUN 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05785

CERTIFICATE OF DEATH

Reg. Dist. No. 18-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; MARYLAND; LENGTH OF STAY (In this place) 11 hrs 40 min; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Md Rural; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Hopper (Middle) Clinton (Last) Few

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Oct 5 1880

9. AGE last birthday: 69 yrs. If under 1 year: Months 8 Days 21 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Labor

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cooptown, Harford Co

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Thomas Few

14. MOTHER'S MAIDEN NAME: Annie E Authon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: D Webster Few

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septicemia, cause undetermined — Interval between onset and death: 3 Days

053.4

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

24a

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 June, 1949, to 26 June, 1949 that I last saw the deceased alive on 26, 1949, and that death occurred at 2a m., from the causes and on the date stated above.

SIGNATURE: Joseph R. Dolce (Degree or title) M.D. ADDRESS: Harford Memorial Hosp. DATE SIGNED: 26 June 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: June 28 1949; NAME OF CEMETERY OR CREMATORY: Mt Watkins Cem; LOCATION (City, town, or county) (State): Cooptown Harford Md

DATE REC'D BY LOCAL REG.: June 26-49; REGISTRAR'S SIGNATURE: C. L. Lewis M. D.

24. FUNERAL DIRECTOR: Charles E. Hurst; ADDRESS: Jarrettsville Md

VS. A15

RECEIVED
JUN 28 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05786

CERTIFICATE OF DEATH

Reg. Dist. No. 181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
LENGTH OF STAY (in this place) 1 Year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grace	Horney	Ford	June	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	10 Aug 1893	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Logan Colorado
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Odus C. Horney
14. MOTHER'S MAIDEN NAME: Kezia Bryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: E. L. Ford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma, primary in rectum	1 Year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

154 46d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
16 Nov 1948	Carcinoma of rectum	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1948, to June 20, 1949, that I last saw the deceased alive on June 20, 1949, and that death occurred at 10:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. C. HARVEY,	MC, SURGEON	Station Hospital, Aberdeen PrGr, Md.	21 June

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
Removal	June 23, 1949	Arlington National	Arlington	Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 22-49	Millie A. Riley	Henry Fanning & Sons	Aberdeen, Md.

VS. A15

RECEIVED
JUN 23 1949
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05787

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace — LENGTH OF STAY (in this place): over 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 822 Conestoo St

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Havre de Grace
STREET ADDRESS (If rural give location): 822 Conestoo St

3. NAME OF DECEASED (Type or Print) (First) Harriett (Middle) (Last) Galloway

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Feb. 14, 1880
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Havre de Grace, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mose Martin
14. MOTHER'S MAIDEN NAME: Mary French

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT: Mrs Eva Malloy

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

450.0 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Chronic Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office hldg., etc.) (CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 24, 1949, to June 24, 1949, that I last saw the deceased alive on June 23, 1949, and that death occurred at June 24 44 m., from the causes and on the date stated above.

SIGNATURE: D. D. Dalca (Degree or title) Eng D — ADDRESS: 419 Congress Ave — DATE SIGNED: June 27, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 6/27/49 — NAME OF CEMETERY OR CREMATORY: St James Cemetery — LOCATION (City, town, or county): Havre de Grace (State) Md

DATE REC'D BY LOCAL REG.: June 27-49 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Elmer E. Bullock — ADDRESS: Havre de Grace

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05788

Reg. Dist. No. 181

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Hobart~~ Aberdeen
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Indiana COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hobart
STREET ADDRESS (If rural, give location) 205 East St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lawrence	Allen	East	JUNE	19	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	May 30, 1918	31 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert East
14. MOTHER'S MAIDEN NAME: Amanda Schultz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.
17. INFORMANT: V. Pflugbeft, Hobart, Ind.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) FRACTURE OF SKULL

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. COMPOUND FRACTURE LEFT LEG. MULTIPLE CONTUSIONS & ABRASIONS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Rt # 40 near (CITY OR TOWN) BELCAND (COUNTY) HARFORD (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): JUNE 19 1949 7 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Unknown - Probably struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident [X], suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. H. Ramsey	M. D.	Aberdeen, Md.	June 19, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	June 21, 1949		Hobart	Ind

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 21-49	Nellie H. Tiley	Henry Farring & Sons	Aberdeen Md.

VS. ANSA

RECEIVED
JUN 23 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05789

CERTIFICATE OF DEATH

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; MARYLAND; LENGTH OF STAY (in this place) 30 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Myrtle (Middle) E (Last) Gaunt

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 6/27/1895

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lancaster Co. Pa.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Steele

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Le Roy Gaunt, Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolus — Interval Between Onset and Death: 10 min

Antecedent cause(s) 410 926 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Rheumatic Carditis with mitral valvular

(c) disease and auricular fibrillation — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1948, to June 26, 1949, that I last saw the deceased alive on 1 month ago, 19....., and that death occurred at 7:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Fred O Hodous M.D. Edgewood md 6-26-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: June 28, 1949

NAME OF CEMETERY OR CREMATORY: Cokesbury

LOCATION (City, town, or county) (State): Abingdon Md

DATE REC'D BY LOCAL REG.: June 28, 1949

REGISTRAR'S SIGNATURE: Mary M Mordsdale

24. FUNERAL DIRECTOR: Howard R. McComas & Son

ADDRESS: Abingdon Md

RECEIVED
JUL 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05790

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
STREET ADDRESS (If rural give location) Box 19

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) Blanch (Last) Gentry

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1949

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 12-14-1910 — 9. AGE last birthday: 38 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework & Clerk — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country): Tennessee — 12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvin C Vaught — 14. MOTHER'S MAIDEN NAME: Daisy Ashley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: 193-18-8307 — 17. INFORMANT: George B Gentry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure — 4 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic cardiovascular — 20 years

(c) with mitral disease

410
92b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 29 May, 1949, to 21 June, 1949, that I last saw the deceased alive on 21 June, 1949, and that death occurred at 9 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

B B Clement M.D. Havre de Grace Md 6-24-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 24, 1949 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Mountain City, Washington Tenn

DATE REC'D BY LOCAL REG. June 21-49 — REGISTRAR'S SIGNATURE: A. L. Lewis M. D. — 24. FUNERAL DIRECTOR — ADDRESS: Ralph M Reed, Rising Sun, Md

VS. A15

RECEIVED
JUN 23 1949
BUREAU V. S.

Urgent
Please send to Balto. at once.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05791

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
LENGTH OF STAY (in this place) 19 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Margarett (Middle) Gindhart (Last)

4. DATE OF DEATH (Month) JUNE (Day) 9 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH May 24, 1878
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Marks
14. MOTHER'S MAIDEN NAME Jane Black

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT Mrs. Helen Wheaton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of lung	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary TB c̄ - extensive	
	(c) altho mostly healed.	

163
47d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1948, to June 9, 1949, that I last saw the deceased alive on June 9, 1949, and that death occurred at 8:33 P. m., from the causes and on the date stated above.

SIGNATURE Dudley Phillips MD (Degree or title) ADDRESS Darlington, Md DATE SIGNED 6/9/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 13 1949
NAME OF CEMETERY OR CREMATORY North Cedar Hill
LOCATION (City, town, or county) P. Hila, (State) Penna.
DATE REC'D BY LOCAL REG. June 10, 1949
REGISTRAR'S SIGNATURE C. H. Kirk
24. FUNERAL DIRECTOR H. S. Bailey
ADDRESS Darlington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05792

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHURCHVILLE
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Indiana COUNTY Pike
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winslow, Ind
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) THELDA (Middle) Florence (Last) GREEAR
4. DATE OF DEATH (Month) JUNE (Day) 4 (Year) 1949

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 6, 1891
9. AGE last birthday 58 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Arch Weeks
14. MOTHER'S MAIDEN NAME Sarah Pancake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 311-12-9563
17. INFORMANT Capt. C. L. Kellar

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY OCCLUSION WITH MYOCARDIAL INFARCTION — 2 HRS.

420.1 94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. W. Lamsey (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED June 4, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF June 8, 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Winslow, Ind
LOCATION (City, town, or county) Pike Co. (State) Ind.

DATE REC'D BY LOCAL REG. June 7-49
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05793

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Street, Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Street, Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: GREER, Cora C.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	widowed

6.(b) Name of husband or wife: John Greer
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Jan. 31, 1878

8. AGE: Years	Months	Days	If less than one day
71	4	19	..... hrs. ..... min.

9. Birthplace: Mouth of Wilson, Va. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: Alfred Wagg
13. Birthplace: Mouth of Wilson, Va.

MOTHER
14. Maiden name: Louise Ross
15. Birthplace: Va.

16. Informant: Mrs. Charles Stike
Address: Street, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 22, 1949 (month) (day) (year)
Cemetery or crematory: Highland cemetery
Location: Street, Maryland

18. Funeral director: Hubert P. Harkins
Address: Delta, Pa.

19. June 21, 1949 (Date rec'd by registrar) C. M. Kirk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 20 19 49, at 6:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 31 19 49 to June 20 19 49 and that I last saw h... alive on June January 20 19 49

Immediate cause of death	DURATION
Terminal bronchopneumonia	4 days
Due to: Cerebrovascular accident	2 weeks
Due to: Hypertensive cardiovascular disease	Indef.
Other conditions	

HHD 93d (Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Robert Barthel, M. D.
M. D. or other
Address: Forest Hill, Maryland Date signed: 6-20-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. USE UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JUL 1 1949
BUREAU Y. S.

05794

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston — LENGTH OF STAY (in this place) 9 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Frank	(Middle) Norman	(Last) Grove	4. DATE OF DEATH	(Month) June (Day) 15 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 22, 1902	9. AGE last birthday 47 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Winchester County, Virginia	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Franklin Grove		14. MOTHER'S MAIDEN NAME Anna R. Cooper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 393-09-8222	17. INFORMANT Mrs. Florence F. Grove			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary hemorrhage (Pulmonary tuberculosis) — 1 hour

002

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1949, to June 15, 1949, that I last saw the deceased alive on June 13, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE Willard P. Hudson (Degree or title) MD. — ADDRESS Forest Hill, Maryland. — DATE SIGNED June 15, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 18/49 — NAME OF CEMETERY OR CREMATORY Winchester — LOCATION (City, town, or county) Winchester (State) Va

DATE REC'D BY LOCAL REG. 6/16/49 — REGISTRAR'S SIGNATURE Priscilla Fourwood — 24. FUNERAL DIRECTOR J. T. Foster Bel Air — ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1949
BUREAU V. S.

Evidence for change in birth date is shown on:

FILM No. G 121 JUL 19 1949

05795

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston (Rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston (Rural)
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ellen (Last) Harlan

4. DATE OF DEATH (Month) June (Day) 14 (Year) 49

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 1-1868
9. AGE last birthday 84 yrs. If under 1 year Months 3 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Fallston Harford co Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Wm T Watson
14. MOTHER'S MAIDEN NAME Elizabeth Amoss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Maurice Harlan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Sclerotic Heart Disease c̄ Decompensation — INTERVAL BETWEEN ONSET AND DEATH 9 yrs.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1940, to June 14, 1949, that I last saw the deceased alive on June 14, 1949, and that death occurred at 3:53A m., from the causes and on the date stated above.

SIGNATURE Clifford F. Hudson (Degree or title) ADDRESS MD Fork, Md. DATE SIGNED 6/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 16-49
NAME OF CEMETERY OR CREMATORY Fitiles Falls Friends
LOCATION (City, town, or county) Fallston Harford co Md (State)

DATE REC'D BY LOCAL REG. 6/16/49
REGISTRAR'S SIGNATURE Priscilla Forwood
24. FUNERAL DIRECTOR Martin S. Kurtz ADDRESS Jamesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05796

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel air
LENGTH OF STAY (In this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Bel Air
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) CLEMENT (Middle) D. (Last) HOOPES

4. DATE OF DEATH (Month) JUNE (Day) 12 (Year) 1949

5. SEX MALE

6. COLOR OR RACE Wh

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify) Married

8. DATE OF BIRTH Feb 26, 1886

9. AGE last birthday 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Harford Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clement D. Hooper

14. MOTHER'S MAIDEN NAME Martha F. Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Rupert L. Hooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 2½ da

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Chr. Hypertensive Cardiovascular Disease 5yrs?

400.1 93d

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1947, to June 12, 1949, that I last saw the deceased alive on June 12, 1949, and that death occurred at 11:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard P. Hudson M.D. — ADDRESS Forest Hill Md — DATE SIGNED 6/14/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/15/49 — NAME OF CEMETERY OR CREMATORY Darlington Cem. — LOCATION (City, town, or county) (State) Darlington Md.

DATE REC'D BY LOCAL REG. 6/14/49 — REGISTRAR'S SIGNATURE Priscilla Fawood — 24. FUNERAL DIRECTOR Joseph T. Foster — ADDRESS Bel Air. Md

RECEIVED
JUN 16 1949
BUREAU V. S.

DATE OF DEATH: see burial, attendance, EEI 6/10/49 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05797

CERTIFICATE OF DEATH

Reg. Dist. No. 18 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Level
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Harford COUNTY Md
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Level
STREET ADDRESS (If rural give location) Havre de Grace Rural

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E (Last) Hughes

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Aug 18 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months Days If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Harford Co Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James H. Miller

14. MOTHER'S MAIDEN NAME: Mary E. Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mr S. A. Hughes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1 93d

(b) Arteriosclerosis

(c) Obesity

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION ✓ | 19b. MAJOR FINDINGS OF OPERATION ✓ | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓ | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY ✓ | (CITY OR TOWN) ✓ | (COUNTY) ✓ | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ✓ | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15 1949, to June 5, 1949, that I last saw the deceased alive on June 4, 1949, and that death occurred at 3 A.M., from the causes and on the date stated above.

SIGNATURE H. S. Bailey (Degree or title) MD ADDRESS Darlington DATE SIGNED 6/6/49 Md

23. BURIAL, ~~CREMATION~~ ~~REMOVAL (Specify)~~ | DATE THEREOF June 8 1949 | NAME OF CEMETERY ~~OR CREMATORY~~ Rock Run Cem | LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. June 7 49 | REGISTRAR'S SIGNATURE Bertha B. Knight | 24. FUNERAL DIRECTOR H. S. Bailey, Darlington ADDRESS Md

VS. A15

RECEIVED
JUN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05798

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH · COUNTY: Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Street — LENGTH OF STAY (in this place): 1 year	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pylesville
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Bush Nursing Home	STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Elizabeth	(Last) Hughes	4. DATE OF DEATH	(Month) June (Day) 23 (Year) 1949
5. SEX: F	6. COLOR OR RACE: W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: Feb 7 1886	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: Lewis Turnbaugh	14. MOTHER'S MAIDEN NAME: Martha Whitcomb				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.: None	17. INFORMANT: Mrs Stella Marie Sapp			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive cardiac	10-15 Years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

443

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1948, to June, 1949, that I last saw the deceased alive on June 22, 1949, and that death occurred at 6/23/8 A.m., from the causes and on the date stated above.

SIGNATURE: Jayan Borogi (Degree or title) MD — ADDRESS: CHARDIFF Md — DATE SIGNED: 6/24/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: June 25 1949	NAME OF CEMETERY OR CREMATORY: Reisterstown Cemetery	LOCATION (City, town, or county): Reisterstown (State): Md
DATE REC'D BY LOCAL REG.: 6/24/49	REGISTRAR'S SIGNATURE: Priscilla Forward	24. FUNERAL DIRECTOR: Wm Berryman & Sons	ADDRESS: Reisterstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 25 1949
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05799

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 118 S. Philo. Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aberdeen.
STREET ADDRESS (If rural give location) 118 S. Philo. Blvd.

3. NAME OF DECEASED (Type or Print) (First) Douglas (Middle) Elliott (Last) Kennedy

4. DATE OF DEATH (Month) June (Day) 21st (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH April 17, 1886

9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Shaft Repairer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Dr. James H. Kennedy

14. MOTHER'S MAIDEN NAME Iona Elliott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Mrs. Douglas E. Kennedy.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease; Pulmonary Edema — 4 yr.; terminal

420.1 Antecedent cause(s)

45b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary atherosclerosis — 4 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of tongue; inanition

19a. DATE OF OPERATION Biopsy 12/18/48 of tongue

19b. MAJOR FINDINGS OF OPERATION Microscopic examination revealed squamous cell carcinoma

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/23, 1948, to 6/21, 1949, that I last saw the deceased alive on 6/21, 1949, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

SIGNATURE Getty V. Rodman, M.D. (Degree or title) ADDRESS Corner Bel Air + Parke St. Aberdeen, Md. DATE SIGNED 6/23/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 24, 1949 NAME OF CEMETERY ~~OR CREMATORY~~ Spesutia LOCATION (City, town, or county) Perryman (State) Md.

DATE REC'D BY LOCAL REG. June 24-49 REGISTRAR'S SIGNATURE Nellie H. Riley

24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen, Md.

RECEIVED
JUN 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05800

Reg. Dist. No. 185-

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havrede Grace
LENGTH OF STAY (In this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newtown Square Pa
STREET ADDRESS (If rural, give location) 3rd Ave.

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) (Last) LEITHISER

4. DATE OF DEATH (Month) JUNE (Day) 20 (Year) 1949

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan. 8 1902
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer
10b. KIND OF BUSINESS OR INDUSTRY Piasecki Helio. Co Captor
11. BIRTHPLACE (State or foreign country) Havrede Grace, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac I. Leitheiser
14. MOTHER'S MAIDEN NAME Catherine V. Bayard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 161-03-6998
17. INFORMANT Katherine M. Leitheiser

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACCIDENTAL INGESTION OF UNKNOWN POISON	
8889 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
179 ×	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. H. Lamsey (Degree or title) M. D. ADDRESS Aberdeen, Md. DATE SIGNED June 20, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 23, 1949
NAME OF CEMETERY OR CREMATORY Angel Hill Cem.
LOCATION (City, town, or county) Havrede Grace (State) Md.

DATE REC'D BY LOCAL REG. June 22-49
REGISTRAR'S SIGNATURE A. L. Lewis M. D.
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Havrede Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

05801

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:

County: Harford

City or town: White Hall
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: .....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: White Hall
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Norrisville R.D. 1
(If rural, give LOCATION)

2.(a) If veteran, name war: —

3. (a) FULL NAME: Pauline Leviskevich

3. (b) Social Security Number: —

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Serge Leviskevich

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): (Unknown) ABT. 1887

8. AGE: Years: about 62 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Russian
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Russian

MOTHER
14. Maiden name: Unknown
15. Birthplace: Russian

16. Informant: Serge Leviskevich
Address: Norrisville R.D. 1 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: June 8-49 (month) (day) (year)

Cemetery or crematory: Holy Trinity Russian

Location: Elkridge Md

18. Funeral director: John A. Grebliauskas Jr
Address: 1905 E. Pratt St.

19. 6/8 1949 (Date rec'd by registrar) Dw Hedrick Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 4 1949, at 2:10 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 2 1949, to June 4 1949 and that I last saw her alive on June 3rd 1949

Immediate cause of death: Bronchial asthma with

Due to: Heart Decompensation

Due to: Diabetes

Other conditions: Edema

260
61

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations .....

Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Evans M Fry MD
M. D. or other

Address: Stewartstown Pa Date signed: June 5th

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05802

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace | LENGTH OF STAY (In this place) 9
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural give location) Route #2

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) Moulsdale

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED | 8. DATE OF BIRTH: 28 June 1876 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months 11 Days 25 | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mr Harvey Baker | 14. MOTHER'S MAIDEN NAME: Adelaine Gontes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT: (Daughter) Mrs Ada Melius

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension - 230/130 — 1 year.

420.1
94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED Whilo at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 26 May, 1949, to 3 June, 1949 that I last saw the deceased alive on 3 June, 1949, and that death occurred at 9:10 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph R. Dolce, Med. Harford Memorial Hosp. 3 June 49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 6th | NAME OF CEMETERY OR CREMATORY Bakers Cemetery | LOCATION (City, town, or county) Aberdeen | (State) Md

DATE REC'D BY LOCAL REG. 6-3-49 | REGISTRAR'S SIGNATURE A. L. Laurie M.D. | 24. FUNERAL DIRECTOR Henry Tarring & Sons | ADDRESS Aberdeen

VS. A15

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05803

CERTIFICATE OF DEATH

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — Forest Hill — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forest Hill | LENGTH OF STAY (in this place) 4yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Forest Hill
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) VIRGINIA (Last) NAGLE

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1949

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 10, 1878

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Savannah, Ga.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN ELLABEE

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Steve Nagle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Myocardial Disease With hypertension

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1949, to June 6, 1949, that I last saw the deceased alive on June 6, 1949, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willard P. Hudson, M.D Forest Hill 6/7/49 Md

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 8 | NAME OF CEMETERY OR CREMATORY: Mt Zion | LOCATION (City, town, or county) (State): Fountain Green Md

DATE REC'D BY LOCAL REG. 6/9/49 | REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: Joseph T. Foster ADDRESS: Bel Air, Md

RECEIVED
JUN 11 1949
BUREAU V. S.

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05804

FILM No. G 120 JUN 15 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air de Grace Md — LENGTH OF STAY (in this place) 1 Day	CITY (If outside corporate limits, write RURAL and give nearest town) OR Rural Aberdeen R. 6
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital	STREET ADDRESS (If rural give location) Route 1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ella	Mary	Rather	June	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	married	Nov 1875	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Pennsylvania	United States

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Enoch Porter	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mr. Geo. E. Rather

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Diabetes complicated by Diabetic Coma	1 Day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

260
61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4 June, 1949, to 5 June, 1949, that I last saw the deceased alive on 5 June, 1949, and that death occurred at 4:03 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Joseph R. Dolce, Med.	Harford Memorial Hosp.	5 June 49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-8-49	Spesutia	Harford Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 6-49	A. L. Lewis M. D.	W. Madison Mitchell	Aberdeen Md.

RECEIVED
JUN 10 1949
BUREAU V. S.

05805

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford County Alms House	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Rhodes			4. DATE OF DEATH (Month) June (Day) 29 (Year) 1949		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED,~~ (Specify) Single	8. DATE OF BIRTH Sept. 12, 1872	9. AGE last birthday 76 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Md	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Rhodes			14. MOTHER'S MAIDEN NAME Helen Mast		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —		17. INFORMANT Clark Fitzpatrick		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	4da
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Cardio Vascular Disease	?
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from May 5, 1949, to June 29, 1949, that I last saw the deceased alive on June 29, 1949, and that death occurred at 11:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D.	Forest Hill, Maryland	June 30, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 30/49	NAME OF CEMETERY OR CREMATORY Co. Home	LOCATION (City, town, or county) (State) Near Bel Air Md
DATE REC'D BY LOCAL REG. 6/30/49	REGISTRAR'S SIGNATURE Priscilla Forwood	24. FUNERAL DIRECTOR Joseph T Foster	ADDRESS Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05806

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford — Maryland (MARYLAND) — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 49 — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — STREET ADDRESS (If rural give location) 120 N. Union Ave.

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) Barwick (Last) Robinson

4. DATE OF DEATH: (Month) 6/1 (Day) (Year) 19 49

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 3/19/1858

9. AGE last birthday: 90 yrs. — If under 1 year: Months 2 Days 12 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Easton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Barwick

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Walter Robinson 120 N. Union

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac insufficiency

Antecedent cause(s) (b) Chronic Myocarditis - Chronic Nephritis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

422.2
131.6

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1949, to 6-1, 1949, that I last saw the deceased alive on 6-1, 1949, and that death occurred at 6 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) G. L. Lewis M.D. — ADDRESS — DATE SIGNED 6-2-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 6/3/49 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) (State): Havre de Grace, Md.

DATE REC'D BY LOCAL REG. June 2-49 — REGISTRAR'S SIGNATURE G. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Pennington & Son — ADDRESS Havre de Grace

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

105817

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location) None

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Latimer (Last) Rowland.

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married.

8. DATE OF BIRTH: 13 July 1891

9. AGE last birthday: 57 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Co. Commissioner

11. BIRTHPLACE (State or foreign country): Port Deposit - Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rowland. Edwin Henry

14. MOTHER'S MAIDEN NAME: Ball - Alice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Marguerite Rowland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156
46f

Immediate cause (a) Carcinoma of Liver — Interval between onset and death: 6 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION: None | 20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 22 May, 1949, to 2 June, 1949, that I last saw the deceased alive on 2 June, 1949, and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE: Joseph R. Dolee | (Degree or title) M. D. | ADDRESS: Harford Memorial Hosp. | DATE SIGNED: 2 June 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 6-5-1949 | NAME OF CEMETERY OR CREMATORY: West Nottingham | LOCATION (City, town, or county) (State): Colora, Cecil Co. Md.

DATE REC'D BY LOCAL REG. 6-4-49 | REGISTRAR'S SIGNATURE: a. L. Lewis M. D. | 24. FUNERAL DIRECTOR: Wm A. Patterson & Son. | ADDRESS: Perryville, Md.

RECEIVED
JUN 7 1949
BUREAU V. S.

05808

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (in this place) 3 hrs 30 m
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen, Md
STREET ADDRESS (If rural give location) S. Baltimore St.

3. NAME OF DECEASED (Type or Print) (First) Cynthia (Middle) Mae (Last) Scott

4. DATE OF DEATH (Month) June (Day) 24 (Year) 1949

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 24 June 1949
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Harford Memorial Hospital
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Howard Leslie Scott Jr.
14. MOTHER'S MAIDEN NAME Virginia Mae Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT Howard Leslie Scott, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congenital heart disease — INTERVAL BETWEEN ONSET AND DEATH 5 hr

754.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

157e (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/24, 1949, to 6/25, 1949, that I last saw the deceased alive on 6/24, 1949, and that death occurred at 3:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Pitt P. Bodman, M.D. ADDRESS Corner Belair + Parke St. Aberdeen, Md. DATE SIGNED 6/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 25, 1949
NAME OF CEMETERY ~~OR CREMATORY~~ Mt Calvary
LOCATION (City, town, or county) Near Aberdeen (State) Md

DATE REC'D BY LOCAL REG. June 25-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Henry Tarring & Sons ADDRESS Aberdeen, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

05809

Reg. Dist. No. 182

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Demetrios (Middle) Pano (Last) Sideris

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: [illegible] 96 | 9. AGE last birthday: 53 about yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook | 10b. KIND OF BUSINESS OR INDUSTRY: Restaurant | 11. BIRTHPLACE (State or foreign country): Greece | 12. CITIZEN OF WHAT COUNTRY? Greece

13. FATHER'S NAME: unknown | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. 177-10-0712 | 17. INFORMANT: Father - D. Cassis, Harrisburg Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — none

Antecedent cause(s)

420.1 94a

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 19....., to —, 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Gerald C Palmer M.D. — Acting Deputy Medical Examiner — Harford County Bel Air Md — June 14-1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE June 18-49 | NAME OF CEMETERY OR CREMATORY Harrisburg | LOCATION (City, town, or county) Harrisburg (State) Pa

DATE REC'D BY LOCAL REG. 6/14/49 | REGISTRAR'S SIGNATURE Priscilla Towood

24. FUNERAL DIRECTOR Joseph T. Ford | ADDRESS Bel Air Md

1949
53
2181

RECEIVED
JUN 16 1949
BUREAU V. S.

Evidence for addition of #18 a & 18b is on:

FILM No. G 121 JUL 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05810

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air, Rural — LENGTH OF STAY (in this place) 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Nursing Home	STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) FRANCES	(Last) SMITH	4. DATE OF DEATH	(Month) June (Day) 15 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 30, 1857	9. AGE last birthday 91 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired, Housework	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) OAKWOOD, Cecil Co., Md.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John G. Bennett		14. MOTHER'S MAIDEN NAME Catherine Boyle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT Mrs. Olive G. Ricker			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Old Age Infirmities of age	Months
Antecedent cause(s) 422.2 93d	(b) ✓ Chronic Myocarditis (7/22/49-a.s.)	2 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) ✓	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1928, to June 15, 1949, that I last saw the deceased alive on June 15, 1949 and that death occurred at 10.4 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
F. Snodgrass	M.D.	Darlington	6/16/49 Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 18, 1949	West Nottingham	Colora, Cecil Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 16, 1949	C. W. Kirk	J. E. Tyson	Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JUL 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

115811

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Harford County; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace; LENGTH OF STAY (In this place) 9 Hours; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen; STREET ADDRESS (If rural, give location) 228 Post Road

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) H. (Last) Thompson

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1949

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Mar. 18, 1888

9. AGE last birthday: 61 yrs. If under 1 year: Months 2; If under 24 hrs.: Days; Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tom Adams

14. MOTHER'S MAIDEN NAME: Beulah G. Adams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: (Husband) Edward D. Thompson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DIABETIC COMA — Interval between onset and death: 24-36 hrs.

260 61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 June, 1949, to 2 June, 1949, that I last saw the deceased alive on 1 June, 1949, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R B Norment M.D. Havre de Grace Md 2 June 49

23. ~~BURIAL~~, CREMATION, REMOVAL: REMOVAL | DATE THEREOF: June 5th. | NAME OF CEMETERY, OR CREMATORY: GASTONIA, N.C. | LOCATION (City, town, or county) (State): GASTONIA N.C.

DATE REC'D BY LOCAL REG. 6-3-49 | REGISTRAR'S SIGNATURE: A. L. Laws M. D. | 24. FUNERAL DIRECTOR: Henry Tarring & Sons | ADDRESS: Aberdeen Md.

RECEIVED
JUN 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05812

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace — LENGTH OF STAY (In this place) 1 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) Grand St.

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) (Last) VOSS

4. DATE OF DEATH: (Month) JUNE (Day) 21 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: March 15, 1896

9. AGE last birthday: 53 yrs. If under 1 year: Months 3 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ostel Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Carl Elias Voss

14. MOTHER'S MAIDEN NAME: Marguerite M. Luetken

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 124-10-8675

17. INFORMANT: Henry Voss 1421 Madison Ave. N.Y. 29 N.Y.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HANGING — SUICIDAL

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

974
164a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Havre de Grace (COUNTY) Harford (STATE) Md.
TIME OF INJURY (Month) June (Day) 21 (Year) 1949 (Hour) 6 P m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Hung self with rope

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: J. R. Causey (Degree or title) M.D. ADDRESS Aberdeen, Md. DATE SIGNED June 21, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/24/49 — NAME OF CEMETERY OR CREMATORY: Angel Hill — LOCATION (City, town, or county) Havre de Grace, Md. (State)

DATE REC'D BY LOCAL REG. 6-24-49 — REGISTRAR'S SIGNATURE: A. L. Lewis M.D.

24. FUNERAL DIRECTOR: Cunningham & Son — ADDRESS

RECEIVED
JUN 27 19[illegible]
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

05813

Evidence for change of age is on: FHA No. G 120 JUN 22 1949

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bare de Grace; LENGTH OF STAY (In this place) 9 1/2 hrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) STANTON (Middle) (Last) WEBSTER

4. DATE OF DEATH: (Month) JUNE (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: June 30 1896

9. AGE last birthday: 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: On Farm

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Annie Webster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs Stanton Webster, Darlington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) SHOCK AND HEMORRHAGE	9 1/2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) COMPOUND FRACTURES, LEFT ARM & LEG	
	(c) MULTIPE LACERATIONS	

812.5
1700

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? ~~Yes~~ No X

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt # 1; NEAR (CITY OR TOWN) DARLINGTON; (COUNTY) HARFORD; (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) JUNE 11 1949 — m.

INJURY OCCURRED While at work ☐ Not while at work X

HOW DID INJURY OCCUR? STRUCK BY AUTO — HIT-RUN

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. H. Ramsey (Degree or title) M. D. ADDRESS Aberdeen, Md. DATE SIGNED June 12, 1949

23. BURIAL, ~~CREMATION~~, ~~REMOVAL (Specify)~~: Burial; DATE THEREOF June 15 1949; NAME OF CEMETERY OR CREMATORY Green Spring Cem; LOCATION (City, town, or county) Harford Co; (State) Md

DATE REC'D BY LOCAL REG. June 12-49; REGISTRAR'S SIGNATURE A. L. Lewis M. D.

24. FUNERAL DIRECTOR, ADDRESS C. B. Bailey Darlington Md.

VS. A15A

RECEIVED
JUN 15 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05814

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural give location) 66 Battle St

3. NAME OF DECEASED (Type or Print): (First) Edwine (Middle) (Last) Wise

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Mar. 2, 1933 | 9. AGE last birthday: 16 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY: Domestic | 11. BIRTHPLACE (State or foreign country): Mississippi | 12. CITIZEN OF WHAT COUNTRY: U.S.a

13. FATHER'S NAME: Sylvesta Jorden | 14. MOTHER'S MAIDEN NAME: Neomi Culpepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Chester Mc Nutt, 66 Battle St, Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Gunshot wound cerebrum — Instant

981 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 166 (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Homicide | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) Negro High School Bel Air (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) June (Day) 14 (Year) 1949 (Hour) 10 P m. | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Husband shot her

22. I hereby certify that I attended the deceased from —, 19....., to....., 19....., that I last saw the deceased alive on —, 19....., and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE Gerald C Palmer MD | (Degree or title) Acting Deputy Medical Examiner Harford County | ADDRESS Bel Air Md | DATE SIGNED 6/15/49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF June 16, 1949 | NAME OF CEMETERY OR CREMATORY John Wesley | LOCATION (City, town, or county) (State) Magnolia Md

DATE REC'D BY LOCAL REG. 6/22/49 | REGISTRAR'S SIGNATURE Priscilla Fawcett | 24. FUNERAL DIRECTOR, ADDRESS Howard F McComas Abingdon Md

VS. A15

RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

15815

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 628 N. Bond

3. NAME OF DECEASED (Type or Print): (First) William (Middle) L (Last) Wise

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 20, 1929

9. AGE last birthday: 19 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Clarence E. Wise

14. MOTHER'S MAIDEN NAME: Lena White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): Feb. 26 - July 20, 1946

16. SOCIAL SECURITY NO.: 219-22-0208

17. INFORMANT: Hester Holmes, 18 B. Harriman Edgewood Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound cerebrum — Interval between onset and death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) —
(c) —

976
164c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Negro High School

(CITY OR TOWN): Bel Air (COUNTY): Harford (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): June 14 1949 10 p.m.

INJURY OCCURRED: While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Shot self with pistol

22. I hereby certify that I attended the deceased from ——, 19....., to....., 19....., that I last saw the deceased alive on ——, 19....., and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gerald C Palmer MD — ADDRESS: Acting Deputy Medical Examiner Harford County, Bel Air Md — DATE SIGNED: 6/15/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 19 1949 | NAME OF CEMETERY OR CREMATORY: John Wesley | LOCATION (City, town, or county) (State): Magnolia Harford Co Md

DATE REC'D BY LOCAL REG. 6/22/49 | REGISTRAR'S SIGNATURE: Priscilla Fawood

24. FUNERAL DIRECTOR: Howard K. McConnellson — ADDRESS: Abingdon Md

RECEIVED
JUN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05816

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel-Air Rural
STREET ADDRESS (If rural give location) R. D. -

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) (Last) Witman

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Feb. 16, 1875

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Reading Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Regar

14. MOTHER'S MAIDEN NAME: Ellen Brough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mr John Regar Witman 303 E North Ave. Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Lobar pneumonia — 48 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic hypertensive cardio-vascular disease. — 10 years

443
108

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia- cerebeal thrombosis 1944

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to June 15, 1949, that I last saw the deceased alive on June 15, 1949, and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Willard P. Hudson, M.D. | Forest Hill, Maryland. | June 16, 1949

23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | June 18, 1949 | Darlington Cem | Harford Co. Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

June 16, 1949 | C. A. Kirk | A. L. Bailey

VS-A15

RECEIVED
JUL 1 1949
BUREAU V. S.

M

1949
58
61

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05817

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kalmia
LENGTH OF STAY (in this place) 4 Weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kalmia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Bel Air COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Richard (Middle) Warren (Last) Yewell Sr

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1949

5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Feb 29-1888
9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY ✓
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John T Yewell
14. MOTHER'S MAIDEN NAME Grace A Stagg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No
16. SOCIAL SECURITY No. 215-01-6555
17. INFORMANT Mrs Mabel S Yewell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilatation	Sudden
442 Antecedent cause(s)	(b) Hypertension c̄ Cardio-Renal involvement	4 years
1310 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Nursing Home RD (COUNTY) Harford (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1925, to June 27, 1949, that I last saw the deceased alive on Apr 17, 1949, and that death occurred at 3A m., from the causes and on the date stated above.
SIGNATURE P B Hopkins MD (Degree or title) ADDRESS Bel Air Md DATE SIGNED 6/28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE June 29/49
NAME OF CEMETERY OR CREMATORY Mountain Christian
LOCATION (City, town, or county) Joppa (State) Md

DATE REC'D BY LOCAL REG. 6/28/49
REGISTRAR'S SIGNATURE Priscilla Fowood
24. FUNERAL DIRECTOR Joseph T Foster ADDRESS Bel Air Md

RECEIVED
JUN 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05818

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre De Grace | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) (Last) YOUNG.
4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 1949
5. SEX M. | 6. COLOR OR RACE Col | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 26, 1907 | 9. AGE last birthday 42 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Hand | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Baltimore County Md. | 12. CITIZEN OF WHAT COUNTRY? U S A.
13. FATHER'S NAME Enoch Stewart | 14. MOTHER'S MAIDEN NAME Elizabeth Holiday
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Harriet Jones.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Stab wound of left thigh

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration of left femoral artery

(c)

982
167

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home. | (CITY OR TOWN) Leoneberry | (COUNTY) Cecil | (STATE) Md
TIME OF INJURY (Month) 6 (Day) 15 (Year) 49 (Hour) 11.50 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Was stabbed with knife

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE R. L. Dodson M.D. (Degree or title) | ADDRESS Rising Sun Md. | DATE SIGNED 6-16-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-18-1949 | NAME OF CEMETERY OR CREMATORY Lapidum | LOCATION (City, town, or county) (State) Port Deposit, Rural, Md.

DATE REC'D BY LOCAL REG. 6-18-49 | REGISTRAR'S SIGNATURE A. L. Lewis M. D. | 24. FUNERAL DIRECTOR Lee A. Patterson & Son. | ADDRESS Perryville, Md.

RECEIVED
JUN 21 1949
BUREAU T. S.